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State of Nebraska
Investigator's Motor Vehicle Accident Report

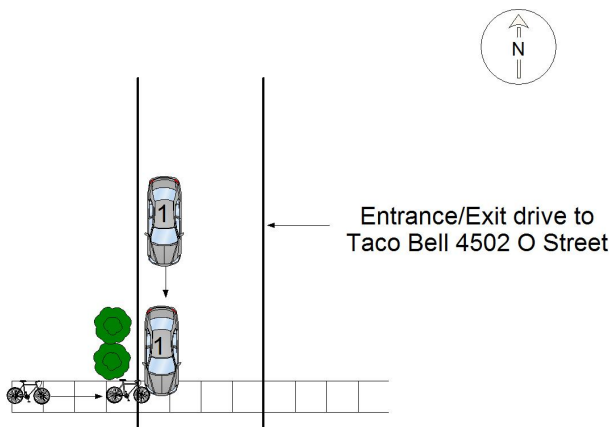
Sheet 1 of 2


1	Total Number of Vehicles	Local No./ District 035	Agency Case No. B6-050106	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/06/2016		TIME OF ACCIDENT 1910	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1911	Amended		
B	76	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 4502 O Street - Driveway			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	06/06/2016	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	01	NAME OF INTERSECTING ROADWAY					196.00
V2/M		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	DRIVER LICENSE NO. H13251792				STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	1	DRIVER NICOLE L RUGGIANO			PHONE 4024403784	LOCAL NO.	
V2/N		DRIVER ADDRESS 7301 Candle Tree #91, LINCOLN, NE 68506			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 08/01/1984	
G	2	OWNER NICOLE RUGGIANO			PHONE 4024403784	LOCAL NO.	
H	5	OWNER ADDRESS 7301 CANDLE TREE LN APT 91, LINCOLN, NE 68506			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
V1/O	1	LICENSE PLATE PA NO. TSL109	YEAR 2007	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Mini van	
V2/O		VEHICLE 3A4FY48B17T509005	YEAR 2007	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Mini van	
I	3	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER			PHONE	LOCAL NO.	
V2/P		DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	01	OWNER			PHONE	LOCAL NO.	
V1/Q	4	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	
V2/Q		LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	
K	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
		VEHICLE ID NO. (VIN)	INSURANCE COMPANY				
		TOWED TO	TOWED BY				
		POLICY NO.					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
0	Jordan W Mann 4125 N #1, Lincoln, NE 68510		04/23/2007	19		10	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	
				3	1	M	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.			

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

Bicycle: White/Black/Blue
Kent Ambush Boys BMX style
bicycle SN:G1497082928



key
Bush = 

Not To Scale

Vehicle one was Southbound in the driveway at 4502 O Street, getting ready to turn Westbound onto O Street and was impacted by a bicyclist who was Eastbound on the sidewalk. The driver of vehicle one said she stopped for the sidewalk, looked for pedestrian traffic, couldn't see due to a large bush blocking her view, edged forward crossing the sidewalk, observed a bicyclist, stopped and observed impact from the bicyclist. The bicyclist said he observed vehicle one pull across the sidewalk and was unable to stop prior to impact. The bicyclist was lectured regarding the incident.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE			
	Scratch to bicycle				Jordan W Mann 4125 N Street #1, Lincoln, NE 68510				4026017272				\$ 25							
WITNESSES	NAME				ADDRESS				PHONE											
NAME				ADDRESS				PHONE												

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>					AIRBAG DEPLOYED VEHICLE 1					RESTRAINT USE VEHICLE 1					TOTAL OCCUPANTS		VEH 1	1	VEH 2	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																				
1		X			Driveway																				
2																									
1	11				06 Turning left 07 Making U-turn																				
2					08 Entering traffic lane																				
01 Essentially straight ahead		09 Leaving traffic lane			02																				
02 Backing		10 Parked			03																				
03 Changing lanes		11 Slowing or stopped in traffic			04																				
04 Overtaking/ Passing		12 Other			05																				
05 Turning right		13 Unknown			06																				